

1221

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 1221	
County of <u>Globe</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	City of <u>Globe</u>	Co. Register No. <u>776</u>	
(No. _____ St. _____ Ward _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Jessie Molina</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } <u>NO</u>	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>		Date of Birth <u>Dec 27</u> 19 <u>20</u>	
		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Alexander Molina</u>		Full Maiden Name <u>Jessie Ramerez</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Cucson Arizona</u>		Birthplace <u>Hermosillo, Mexico</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>		Number of Children, of this mother, now living <u>2</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Dec 27</u> 19 <u>20</u> , at <u>9</u> ¹³⁰ M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>Alvin Kirmse M. D.</u>	
Given or Christian name added from a supplemental report _____ 191_____		(Attending physician, midwife, householder. *)	
Address <u>Globe, Arizona</u>		LOCAL REGISTRAR.	
141-1227-199		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	